



Three Steps for Improving the Quality of Mental Health Care in the United States

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Recent initiatives to improve the quality of health care in the United States have neglected mental health. For example, in a recent national report on quality measurement (the *National Healthcare Quality Report*, published by the Agency for Healthcare Quality and Research), only four of 179 measurements pertained to mental health. An analysis by a team of researchers from RAND and UCLA makes a case for ways to accelerate progress in improving the quality of mental health care. The researchers identify three steps:

1. Expand the pool of effective programs and adapt them to a broader range of settings.

An important step for improving mental health care involves increasing the range of disorders, ages, and groups for which effective programs exist and adapting programs to more diverse groups and service settings. The strongest quality improvement programs to date in mental health have centered on treating depression in well-established, organized primary care settings. But further progress is needed to adapt these programs to most current practice settings. Another clear need is quality improvement for common disorders that are treated in multiple settings. Attention deficit hyperactivity disorder (ADHD) in children offers one example. Provider settings include primary care, specialty care, schools, juvenile justice, foster care, and other institutions serving children. Improving quality across settings will require creating more flexible tools and more generalizable programs.

2. Improve the infrastructure for delivering evidence-based treatment.

To realize gains from better-quality tools, the mental health care system needs better infrastructure to deliver higher-quality care. However, gaps in the system, such as a lack of accountability mechanisms, hinder quality improvement. There are no standards or certification requirements for various kinds of treatments, such as cognitive-behavioral therapy, and consumers have no easy way to identify practitioners who deliver the best quality care. The profession needs strong leadership to develop standards and minimum competency requirements. Market forces could then be harnessed to disseminate and promote standards, requirements, and best practices. For example, large behavioral health “carve-out” insurance firms can provide financial incentives for providers to seek additional training that meets evidence-based requirements.

3. Promote innovation in financing.

Financial incentives can spur adoption of quality improvement programs, but effective financing tools for this purpose have not yet been fully developed in mental health. Innovations in financing need to account for the system’s complexity—its division into public and private spheres—while supporting a responsible infrastructure in which service access, efficiency, and quality are core values. One innovative approach is pay-for-performance (P4P), which links salary bonuses or other financial incentives for providers to quality indicators, such as patient satisfaction.

The analysis concludes that engaging the public across a diverse group of stakeholders—including providers, payers, policymakers, consumers, researchers, and professional organizations—is central to quality improvement in mental health care.

This fact sheet is based on:

Kavita K. Patel, Brittany Butler, and Kenneth B. Wells, "What Is Necessary to Transform the Quality of Mental Health Care," *Health Affairs*, Vol. 25, No. 3, 2006, pp. 681–693.

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